

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		12-14-01
O.I.P.E. CLASSIFIER		43	12/13/01
FORMALITY REVIEW	H.T.	117	12/15/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	12/12/01
2	✓
3	✓
4	✓
5	0
6	0
7	✓
8	0
9	✓
10	0
11	0
12	✓
13	✓
14	0
15	0
16	✓
17	0
18	✓
19	✓
20	✓
21	✓
22	✓
23	0
24	0
25	✓
26	0
27	✓
28	0
29	0
30	✓
31	✓
32	0
33	0
34	✓
35	0
36	✓
37	✓
38	✓
39	✓
40	✓
41	0
42	0
43	✓
44	0
45	✓
46	0
47	0
48	✓
49	✓
50	0

Claim	Date
Final	
Original	
51	12/12/01
52	✓
53	0
54	✓
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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